

could stop the screeching of their 6-months-old-baby. The room appeared to be filled with horror-stricken relatives, from the joggling arms of one of whom I took the infant. With a confidence I did not possess, I wrapped the baby's shawl and blanket firmly around it, placed it in its pram (conveniently standing with its hood up to exclude the window-light) and began to ask questions. But quickly a new horror assailed us all, after the first cries of "Miracle" had ceased. The baby was so silent and still, it could only be dead. Even I had to peer very closely at it, so scaring was this sudden silence. It was just very fast and, I believe, thankfully asleep. For the explanation, see phenomena 1, 2, and 3, all in preponderant combination. For the shush, exchange my own quietude and my, apparently deliberate, speech and behaviour.—I am, etc.,

London N.W.8.

AUGUSTA BONNARD.

Pigmentation and the Pituitary

SIR,—Dr. A. M. Nussey (September 16, p. 768) suggests that leucoderma is commoner in persons with thyroid disorders than in the population at large, and asks why such a general disturbance should lead to localized loss of pigment in the skin. The explanation perhaps is that in some cases of hyperthyroidism there is an increased pigmentation in the skin, and that this leads to the unmasking of leucoderma. The latter will plainly not be visible in the unpigmented white subject, but as soon as the background pigmentation rises latent leucoderma will be revealed.—I am, etc.,

The London Hospital,
London E.1.

J. S. PEGUM.

Church Service for Doctors

SIR,—May I, through the courtesy of your correspondence columns, once again draw the attention of your readers to our special service for doctors which is to be held in All Souls Church, Langham Place, W.1, this year on Sunday, October 22, at 11 a.m.? We greatly value our link with the medical profession and have been encouraged by the support which they have given to these services during the last ten years.

Mr. Arthur C. H. Bell, President of the Royal College of Obstetricians and Gynaecologists, and Dr. Kenneth Robson, Registrar of the Royal College of Physicians and senior physician at St. George's Hospital, have kindly agreed to read the lessons. A buffet lunch is being arranged again this year after the service at the Royal Society of Medicine, through the kind co-operation of the Secretary, Mr. R. T. Hewitt, at a cost of 7s. 6d. a head.

We shall be happy to reserve seats in church for doctors and members of their family who apply for tickets in advance, and also to issue tickets for the buffet lunch. Application (stating number of tickets required and enclosing remittance for the luncheon) should be made to the Church Secretary, All Souls, Langham Place, W.1, by Thursday, October 19.—I am, etc.,

London W.1.

JOHN R. W. STOTT,
Rector,
All Souls, Langham Place.

What the Doctor Said

SIR,—Doctors are frequently amused or astonished by the strange items of medical misinformation their patients have gleaned, often begotten of medical jargon upon lay ignorance. Thus, a general-practitioner

colleague was recently puzzled to hear from a cultured and intelligent lady he had referred to me that her mental quirks were the result of "a displaced personality." Perhaps psychiatric jargon lends itself more readily to the creation of neologistic hybrids, but misuse of medical terms is nowadays widespread. An instance that comes to mind is the misuse of "allergy" to describe an aversion to one's mother-in-law, unasked advice, or modern sculpture.

I would be interested to hear of similar laymen's misapprehensions derived from other fields of medicine.—I am, etc.,

London W.1.

F. R. C. CASSON.

POINTS FROM LETTERS

Vagotomy for Peptic Ulcer

Mr. HAROLD BURGE (West London Hospital, London W.6) writes: I am sorry that Mr. Garden Hendry (September 2, p. 650) found my letter (August 12, p. 456) not clear. . . . In speaking of recurrent ulceration after vagotomy with gastric drainage I referred to recurrent duodenal, gastro-jejunal, or gastric ulceration. I would suggest that when duodenal ulcer occurs after vagotomy and pyloroplasty, then the lesion is in fact an anastomotic ulcer. However, we need not split hairs.

Aorto-enteric Fistula

Dr. N. C. HYPHER (Slough, Bucks) writes: I found the memorandum on this subject by Mr. H. S. Shucksmith and Mr. G. Wilson (August 26, p. 567) of great interest because a 62-year-old patient who had his abdominal aortic aneurysm wired with 100 ft. (30.5 m.) of 36 gauge stainless-steel wire in January died 17 days later from sudden massive loss of blood from the aortic aneurysm into the third part of the duodenum. The operation notes clearly indicated that the third part of the duodenum was firmly adherent to the aneurysm and that the duodenum was damaged in the process of separating it from the wall of the aneurysm. This abdominal aneurysm was very large, extending up to and including the renal arteries, and on this account resection was not possible.

Panic Immunization

Dr. GUY BOUSFIELD (Broadbridge Heath, Sussex) writes: On the question of providing actual proof that allergic or potentially allergic subjects are more likely to suffer undesirable manifestations following pertussis inoculation than children with a completely clear family history (Dr. A. W. Frankland, August 19, p. 524), this is, of course, a matter of considerable difficulty. One way in which the answer could be obtained would be to inoculate two groups with pertussis-containing antigen, asking my routine questions (July 1, p. 43) in the first, and making no family-allergy inquiries in the second. These would have to be large series in each case, and from my own experience I should regard it as almost malpraxis to treat the second group. I thought the views I expressed on this matter were already widely accepted by most experienced immunologists, otherwise I should have extracted careful notes over the last few years.

Medical V.C.s

Dr. R. T. D. FITZGERALD (Sheerness, Kent) writes: An amusing tale can be told of Assistant Surgeon William Bradshaw, who was mentioned in Major-General R. E. Barnsley's letter (June 17, p. 1762). William came of a medical family, and was third son of Dr. George Bradshaw of Thurles, Co. Tipperary. His eldest brother, George, was a clergyman, and his second brother, Robert, M.D., followed in his father's footsteps in Thurles. William, who was born on February 12, 1830, and died on March 9, 1861, won his V.C. on June 18, 1857, for his conduct in the Residency at